PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10717790

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			W					RATE	FEE	7	RATE	FEE	
FC)R		NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
ΤC	TAL CHARGEA	BLE CLAIMS	20 mir	nus 20=	*			X\$ 9=	-	OR	X\$18=		
INE	DEPENDENT CL	AIMS	Z mi	nus 3 =	*			X43=		OR	X86=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+145=	_	OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn-2	•	TOTAL	3XS	OR	TOTAL		
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_		(Column 1)		(Colun		(Column 3)		JIIALL.		1	O		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	- 01 0104	=		X43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	JLIIPLE DEF	PINDEINI	CLAIIVI		<u>ا</u> ا	+145=		OR	+290=		
								TOTAL		OR	TOTAL		
								ADDIT. FEE		,	ADDIT. FEE		
		(Column 1) CLAIMS	1	(Colun		(Column 3)	1 г		4 D D I			ADDI	
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		ÖR	X\$18=		
AME	Independent	* NTATION OF MU	Minus	***	CLAIM	=		X43=		OR	X86=		
L.,	FIRST PRESE	NTATION OF MC	ILTIPLE DEP	EINDEINI	CLAIM		, [+145=		OR	+290=		
•							L	TOTAL		OR	TOTAL		
								ODIT. FEE			ADDIT. FEE		
		(Column 1) CLAIMS		(Colum		(Column 3)] _			. 2			
AMENDMENT C		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	**	:	=	$\lfloor \lceil$	X\$ 9=		OR	X\$18=		
ME	Independent	*	Minus	***		=		X43=		o'R	X86=		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR			
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													